

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445278	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  04/05/2011
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NAME OF PROVIDER OR SUPPLIER

BROOKWOOD NURSING CENTER, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

332 RIVER ROAD  
DECATUR, TN 37322

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 018 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

K 018

Repaired door knob and  
assured a positive latch on  
4.14.11

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure corridor doors could close to a positive latch.

The findings include:

Observation on April 5, 2011 at 1:10 p.m. revealed corridor door to patient room 112 failed to close to a positive latch when tested.

K 025 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are

K 025

Repaired around fire sprinkler  
pipe and installed fire caulk  
around pipe by wall on 4/15/11,

4/15/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 025 Continued From page 1  
protected by fire-rated glazing or by wired glass  
panels and steel frames. A minimum of two  
separate compartments are provided on each  
floor. Dampers are not required in duct  
penetrations of smoke barriers in fully ducted  
heating, ventilating, and air conditioning systems.  
19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure  
smoke barrier fire ratings are maintained.

The findings include:

Observation on April 5, 2011 at 1:45 p.m.  
revealed a penetration in the fire wall around the  
installed fire sprinkler piping above the ceiling at  
the patient room 202 access.

K 062 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=F

Required automatic sprinkler systems are  
continuously maintained in reliable operating  
condition and are inspected and tested  
periodically. 19.7.6, 4.6.12, NFPA 13, NFPA  
25, 9.7.5

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure  
the sprinkler system is maintained and in a  
reliable operating condition.

The findings include:

Documentation review and Interview with

K 025

K 062

Contract approved with  
SimplexGrinell to provide labor  
and material to flush dry  
sprinkler system piping that was  
found to have foreign material  
build up in the piping.  
SimplexGrinell scheduled to be  
here to do the flushing and  
repair any leaks by 4/29/11.

4/29/11

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K 062 Continued From page 2

Maintenance Director on April 5, 2011 at 2:30 p.m. revealed the sprinkler company documentation on March 15, 2011 states sprinkler piping has numerous obstructions revealed when the test was conducted.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.

The findings include:

Observation on April 5, 2011 at 1:30 p.m. revealed electrical wiring installed above the ceiling at the nursing station with exposed wiring and no junction box with conduit.

Observation on April 5, 2011 at 1:00 p.m. revealed one (1) electrical power strip with no circuit breaker installed being used in patient room 206.

K 062

K 147

Repaired exposed wire with external box and conduit on 4/15/11.

4/15/11

Changed out power strip with hospital grade power strip on 4/14/11.

4/14/11